

**State of Tennessee
Department of Health**

**BOARD OF VETERINARY MEDICAL
EXAMINERS**

**227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville TN 37243
(Toll Free Instate) 1-800-778-4123 Ext. 25090
615-532-5090
tennessee.gov/health**



**Procedures for Application and Licensure
Veterinary Medical Technicians**



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243**

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS

**(615) 532-5090
(Toll Free Instate) 1-800-778-4123 ext. 25090**

Dear Applicant:

The following will outline the process for licensure as a Veterinary Medical Technician by the Tennessee Board of Veterinary Medical Examiners:

(1) Veterinary Medical Technician by Exam

Each applicant must submit the following documentation:

1. Completed application, signed in the presence of a Notary.
2. Check or money order made payable to the Tennessee Board of Veterinary Medical Examiners.
Application/State Regulatory Fee: Eighty-Five Dollars (\$85.00)
National Exam Fee: One Hundred Dollars (\$100.00)
3. Two (2) passport-type photographs signed on the back.
4. Proof of United States or Canada citizenship or evidence of being legally entitle to live in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers, or current visa status.
5. Evidence of graduation from an approved Veterinary Technology program (certified copy of diploma).
6. Certified transcripts or other records from the school or college which clearly and accurately reflects that the applicant has graduated from an approved Veterinary Technology program.
7. Official Veterinary Technician National Examination scores submitted from the American Association of Veterinary State Boards (AAVSB).
8. Verification of valid, unrestricted license from all states where licensure is held.
9. An original letter of recommendation from a veterinarian licensed and practicing veterinary medicine in Tennessee.
10. Criminal background check. (See attached instructions.)

(2) Veterinary Medical Technician by Reciprocity

1. Submit all documentation listed in (1).
Fee: One Hundred Sixty-Five Dollars (\$165.00)

2. Furnish an affidavit or other proof of active practice of veterinary medical technology for the previous five (5) years before application is made for an average of at least thirty (30) hours per week.
3. Provide documentation of continuing education at least equal to that required by current Tennessee law and pursuant to Rule 1730-3-.12 for the previous five years.

(3) Veterinary Technician National Exam (VTNE)

An individual seeking licensure shall be required to pass the exam. The Board adopts this exam as its state and national examinations, pursuant to T.C.A. 63-12-115.

All Veterinary Technician National Examinations will be administered on the third Friday of January and June.

The application and fees required to sit for the VTNE must be submitted to the Board's administrative office at least forty-five (45) days prior to the examination date.

Fee: One Hundred Dollars (\$100.00)

Official examinations scores must be received directly from the testing service.

Individuals who do not successfully complete the examination may reapply by submitting an application and payment of fees pursuant to Rule 1730-3-.06*

*Please contact the Board's administrative office for a re-take application.

Please allow six (6) weeks for all documentation to be received in our office.

After receipt of your application, a certified letter will be sent to you noting any deficiencies.

Mail to: Tennessee Board of Veterinary Medical Examiners
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243

<p>ALL APPLICATIONS FOR INITIAL LICENSURE RECEIVED AFTER MAY 31, 2006 WILL REQUIRE A CRIMINAL BACKGROUND CHECK AS PART OF THE APPLICATION PROCESS</p>
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CRIMINAL BACKGROUND CHECK INSTRUCTIONS FOR APPLICANTS

Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check.

The Tennessee Bureau of Investigation has selected a new company to scan your fingerprints so that we may receive the results of your criminal background check. The new company will begin operation in Tennessee on August 1st. Beginning August 1st, the current company, Identix Identification Services will no longer schedule appointments in Tennessee for criminal background checks.

Procedures will change with the new company. It will no longer be necessary to schedule an appointment for your fingerprint scan. We will register you with the new company and you will be able to visit a scanning location during normal business hours without needing an appointment. Unless your educational institution has made other arrangements with your licensing board, you will have to submit your license application and license fee prior to our registering you with the new company. You will pay the fingerprint scanning fee directly to the new company when you go to a scanning location.

Complete procedural instructions will be posted on this Web page as soon as they are made available to us.



For Office Use Only

2326-001	Application Fee	\$75
2326-006	State Regulatory Fee (biennial)	\$10
2326-001	Reciprocity License Fee	\$80
2326-001	National Exam Fee	\$100

(THIS FORM MUST BE
TYPED OR PRINTED
NEATLY)

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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227 FRENCH LANDING, SUITE 300
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TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
APPLICATION FOR LICENSE

VETERINARY MEDICAL TECHNICIAN

ATTACH PICTURE
SO THAT IT MAY
BE EASILY
REMOVED

SIGN FULL NAME
ON BACK OF
PICTURE

Social Security Number _____ - _____ Date of Birth _____
Month/Day/Year

Name _____
Last First Middle Maiden

Home Address _____
(Street)

(City) (State) (Zip) (County)

Work Address _____
Name of Facility

(Street)

(City) (State) (Zip) (County)

Email Address _____

Home Phone () _____ Office Phone () _____

Have you ever been licensed in Tennessee? _____ When? _____

Have you ever had a license in another name? ____ / ____ If so, what name? _____
Yes No Last First Middle

Have you taken and passed the Veterinary Technician National Examination? _____ / _____
Date State

Professional School _____
(Give Name)

Address _____

Years attended _____ - _____ Degree _____ Date Received _____
Month / Day /Year

Have you ever been licensed to practice as a veterinary medical technician in another state? _____

If so, give particulars:

State	Name	License Number
State	Name	License Number
State	Name	License Number
State	Name	License Number

In what occupations or employments have you been engaged for the past five (5) years? Give names of employers, addresses and dates:

1. _____
2. _____
3. _____
4. _____

USE ADDITIONAL SHEET OF PAPER IF NEEDED

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.** For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice veterinary technology medicine"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform veterinary technology tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES NO

- | | | | |
|----|--|-------|-------|
| 1. | Do you currently have a medical condition which in any way impairs or limits your ability to practice veterinary technology medicine with reasonable skill and safety? | _____ | _____ |
| a. | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

- | | | | |
|----|--|-------|-------|
| 2. | Do you currently use chemical substances? | _____ | _____ |
| a. | If yes, do they in any way impair or limit your ability to practice veterinary technology medicine with reasonable skill and safety? | _____ | _____ |
| 3. | Are you currently engaged in the illegal use of controlled substances? | _____ | _____ |
| a. | If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? | _____ | _____ |
| 4. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | _____ |
| 5. | If you have ever held or applied for a license or certificate to practice veterinary technology medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. | If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 7. | Have you ever applied for and been denied a state or federal controlled substance certificate? | _____ | _____ |
| a. | If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 8. | Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? | _____ | _____ |

COMPETENCY INFORMATION CONTINUED

YES NO

9. Have you ever been rejected or censured by a Veterinary Technician society? _____ _____
10. In relation to the performance of your professional services in any profession:
 - a. Have you ever had a final judgment rendered against you; _____ _____
 - b. Have you ever had settlement of any legal action rendered against you; or _____ _____
 - c. Are there any legal actions pending against you or to which you are a party? _____ _____
11. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____ _____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____

ATTACHMENT 1



STATE OF TENNESSEE
BOARD OF VETERINARY MEDICAL EXAMINERS
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, Tennessee 37243
(615) 532-5090

STATE _____

CERTIFICATE OF LICENSURE IN ANOTHER STATE

APPLICANT SECTION FOR VETERINARY MEDICAL TECHNICIANS:

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed). Type this information.

Name (Last First Middle)

Address (Street City State Zip Code)

License Number Date Issued

I hereby authorize the _____
to furnish the Tennessee Veterinary Board any information in your files concerning me, favorable or otherwise.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the above-named individual was issued License # _____, to practice as a _____.

Date Issued: _____

Licensed by: () Examination Status () Active
() Endorsement/Reciprocity () Inactive
() Lapsed

Date License Expires: _____

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted, placed on probation, or denied).

() Yes () No If yes, explain on reverse side.

Signature _____ Date _____

Title _____ State _____



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TRANSCRIPT REQUEST

APPLICANT: Supply the information requested in this box and then mail this entire form to your medical school. (To expedite, call your school to check for fee requirements).

Full Name:

(Last)

(First)

(Middle/Maiden)

Address:

Social Security Number:

Student Identification Number:

Year of Graduation:

Degree Obtained:

TO WHOM IT MAY CONCERN:

I am applying for a license to practice as a Veterinary Medical Technicians in the State of Tennessee. Please forward an original graduate transcript bearing the institution's official seal to:

**Board of Veterinary Medical Examiners
227 French Landing,, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243**

Thank you for your cooperation and prompt response.

Applicant's Signature

Date